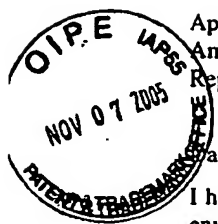


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Appl. No. 10/619,751
Amendment dated November 2, 2005
Reply to Office Communication mailed July 11, 2005

Date: November 2, 2005

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Signed: Erica L. Canonizado

Erica L. Canonizado

Appl. No. : 10/619,751
Applicant : Luke W. CLAUSON
Filed : July 14, 2003
Title : METHODS AND DEVICES FOR ALTERING THE
TRANSMISSION RATIO OF A DRIVE SYSTEM
TC/A.U. : 3681
Examiner : Tisha D. Lewis
Docket No. : 017-001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Examiner:

This Amendment is in response to the Office Communication mailed July 11, 2005. Please amend the above-identified application as follows:

Amendments to the Specification: None.

Amendments to the Claims are shown at page 2 of this paper.

Amendments to the Drawings: None

Remarks/Arguments begin on page 13 of this paper.


CONCLUSION

Applicant respectfully submits that all claims are in condition for allowance and an action to that end is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-412-3322.

Respectfully submitted,

November 2, 2005
Date


Jens E. Hoekendijk
Reg. No. 37,149

Jens E. Hoekendijk
P.O. Box 4787
Burlingame, CA 94011-4787
Tel.: 415-412-3322
Fax: 650-871-7688

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/619, 751

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT. <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 46	Minus	** 51	=
	Independent	* 6	Minus	*** 5	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=	100.00	OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE	100.00	OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	